

NORTHLAND LUTHERAN HIGH SCHOOL
HEALTH INFORMATION SHEET

Students Name _____ Date of Birth _____ Sex _____ School _____
Home Address _____ Phone _____ Grade _____
Father's Name _____ Mother's Name _____ Doctor _____
Date of last medical examination _____ Date of last Dental examination _____

Does student take medications? _____ If yes, give type, amount and reason _____

Is student under medical treatment now? _____
If yes, give reason. _____

Vision: Wears glasses _____ Wears Contacts _____
Any eye surgery? _____ eye Injury? _____ When? _____

Hearing: Wears hearing aid _____ Wears Myringotomy tubes _____
Other _____

Allergies: Skin rashes _____ Asthma _____
Respiratory symptoms _____
Other _____

Serious Illnesses - state when:
Rheumatic Fever _____ Kidney problems _____
Tuberculosis _____ T.B. Skin Test _____ Results _____
Epilepsy, Convulsions, Seizures _____
Fainting Spells or Dizziness _____
Deformity _____ Bone or Joint _____
Uses Crutches, Braces or Prosthesis _____
Cancer _____
Arthritis _____
Heart Disease _____
Diabetes _____ Insulin _____
Any serious injuries _____ What year? _____
Speech Impediment _____
Any other not listed above _____

Other: Nail biting _____ Frequent nightmares _____
Trouble with sleeping _____
Temper tantrums _____ Bed wetting _____
Depression or Excessive worry _____

Poor eating habits _____
Menstrual disturbances _____
Frequent Headaches _____
Frequent Colds _____
Teeth _____ Dentures _____ Braces _____
Frequent upset stomach _____
Unusually active or inactive _____
Any other not listed above _____

Signature of Parent or Guardian: _____ Date: _____